Illinois Department of Public Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION 3:	(X3) DATE SURVEY COMPLETED
		IL6002950	B. WING		C 09/16/2015
	ROVIDER OR SUPPLIER	MF 1790 SOU		STATE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
S a p fi b C a m o p T th b a S N b ai pi w ea pl ca re ca d) ca are se 3)	a) The facility shall I procedures governing acility. The written procedures governing acility. The written procedures governing acility. The written procedure and acility and shall of the written policies shall comply the written policies one facility and shall by this committee, do not dated minutes of the written policies and dated minutes of the written policies of the resonance of the procedure and presonal capacity and shall be practiced an	esident Care Policies have written policies and ng all services provided by the policies and procedures shall Resident Care Policy ng of at least the dvisory physician or the mmittee, and representatives reservices in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually locumented by written, signed of the meeting. eneral Requirements for al Care provide the necessary care n or maintain the highest mental, and psychological ident, in accordance with prehensive resident care properly supervised nursing are shall be provided to each total nursing and personal sident ection (a), general nursing a minimum, the following and on a 24-hour,	S9999	Attachment Statement of Licensure	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 09/30/15

KE9811

Illinois Department of Public Health

STATE	MENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MILL TIE	PLE CONSTRUCTION	Town BAT	~ ^ -
	AN OF CORRECTION	IDENTIFICATION NUMBER:	1			E SURVEY PLETED
			A. BUILDING	S:	001	CLICD
		IL6002950	B. WING		1	C 16/2015
NAME C	F PROVIDER OR SUPPLIER	STREET AD	DDESS CITY	STATE, ZIP CODE	1 00/	10/2013
		1700 SOU		EW AVENUE		
FAIR F	IAVENS CHRISTIAN HO		R, IL 62521	EW AVENUE		
(X4) IC	SLIMMARY STA	TEMENT OF DEFICIENCIES	 			
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S999	9 Continued From pa	ge 1	S9999			
	determining care re further medical eval	as a means for analyzing and quired and the need for uation and treatment shall be aff and recorded in the ecord.				
	agent of a facility sh resident	buse and Neglect ee, administrator, employee or all not abuse or neglect a s are not met as evidenced				
	review the facility fai urinary catheter inse resident for complica placement, failed to during urinary cathet urinary catheter drain two of four residents indwelling urinary ca	on, interview and record led to follow their policy for artion, failed to assess a lations after urinary catheter prevent cross contamination hage tubing off the floor for (R1 and R5) reviewed for theters in the sample of five. led in R1 experiencing severe laturia.				
	Findings include:				and the second was a debat or a very	
	Physician's Order Sh	a Set dated 6/29/15 s cognitively intact. The eet dated 8/1/15 through hat R1 has diagnoses of			Polymental and the second seco	
	dated 9/1/15 at 5:35 a on 9/4/15) states "(R' able to urinate. Write catheter at this time v	se) Nurses Note for R1 am (entered as a late note 1) complaining of not being er reinserted (urinary) vith return of urine. Resident sident complaining of pain				

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STATEME	NT OF DEFICIENCIES	TOTAL PROPERTY OF THE PARTY OF	T			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
1 / 10	TO TOTAL CHOIL	IDENTIFICATION NUMBER:	A. BUILDING	i:	СОМ	IPLETED
1						_
		11 6000050	B. WING			С
		IL6002950	10: 11:10		09/	16/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
	VENO OUDIOTIS	1790 SQL	ITH FAIRVIE	EW AVENUE		
FAIR HA	VENS CHRISTIAN HO	NAIC .	R. IL 62521	TV FAVE IN CE		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		2001/05/200		-
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5)
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
				DEFICIENCY)		
S99 9 9	Continued From pa	ra 2	S9999			
0000	•		29999			
	output in (urinary ca	atheter) bloody. Resident				
	given pain pill07	30 resident continues to	100			
	complain of pain ou	tput in (urinary) catheter				
	continues to be fran	nkly bloody. Writer contacted	Arrangement of the control of the co			
	Z1 and received ord	ders to do a CBC (Complete				
	Blood Count), PT/IN	ん (Prothrombin				
	Time/International N	Normalized Ratio) and irrigate	TO CONTRACT OF THE PROPERTY OF			
	(urinary catheter) ur	ntil clear. Day shift nurse (E3				
	Licensed Practical N	Nurse) to do labs and irrigate				
4	(urinary catheter)"					
Andrea (A. A.	E0. 11					
	E3's Nurses Note for R1 dated 9/1/15 states					
	"Problem/Symptom	is hematuria, SOB (short of				
	breath), purple/blue	lips, pale face, increased				
	confusion, temperat	ure 101.3 (degrees foresight).				
	This problem started	d when writer went into room				
	to draw stat CBC, P	T/INR at 8:30 (am) and	THE PARTY OF THE P			
	noticed condition cha	angeMD (Medical Doctor)	1			
	ordered to send resi	dent to ER (Emergency				1
	Room). Resident let	ft facility around 0945.	77.00			
	Reported to (Z1 Phy	sician) at 8:35 AM."				
	-	G. George				
	The Emergency Dep	partment Note dated 9/1/15				
	states "(R1) blood se	een in (urinary catheter) and				
	pagThe pain is at	a severity of 8/10. The pain				
	s severetoday th	e patient was in severe				
(distress." The Hospi	ital Admission History and				
1	Physical dated 9/1/18	5 at 10:25 AM states				
H	Genitals - gross hen	naturia, (urinary catheter) in				
F	blace, traumatic in ap	opearance(R1) came in	PALAMAIN			
V	vith pain in suprapub	oic region. (R1) (urinary			TO SHOW THE	1
C	atheter) balloon app	peared to be in the urethra.			1	
Ç	ıross hematuria seeı	n. Catheter was replaced in	TO COLUMN TO THE			
E	R (Emergency Roo	m). Patient continues to	index (annual			
h	ave hematuria."	Si - was				
		LAborer				CARL CONTRACTOR CONTRA
C	on 9/14/15 at 1:50 Pt	M E5 Registered Nurse			į	
s	tated that on the mo	rning of 9/1/15 R1's	who companies			
a	bdomen was distend	ded and that R1 complained	i.		-	l
th	nat he could not uring	ate so she reinserted an				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE	SURVEY
			A. BUILDING	j:		
		IL6002950	B. WING		1	C 16/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
FAIR HA	VENS CHRISTIAN HO	ME	TH FAIRVIE R, IL 62521	EW AVENUE		
040.10	CLIMMA DV CTA	TEMENT OF DEFICIENCIES	!	DOUBERS BLANCE SCREEN		· · · · · · · · · · · · · · · · · · ·
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From page	ge 3	S9999			
	that at 6:00 AM R1 of frank blood was prestated she did not at that she assumed the the urinary catheter. pain pill at that time. On 9/15/15 at 12:20 noted blood in R1's complained of pain cassesses R1's abdo examine R1's penisthat time E5 stated to urinary catheter she approximately 30 cc flowed into the catheter amount of urine flow after she inflated the she did not advance	atheter at 5:35 AM. E5 stated complained of pain and that sent in R1's catheter bag. E5 sk R1 where his pain was but he pain was associated with E5 stated she gave R1 a PM E5 stated that when she catheter bag and he on 9/1/15 she did not omen for distention or or catheter insertion site. At that when she inserted R1's advanced the catheter until (cubic centimeters) of urine eter tubing and then she balloon. E5 stated a small red into the catheter tubing a catheter balloon. E5 stated the catheter to near the theter tube prior to inflating				
	shift change report of and 8:00 AM E4 Cer E3 and E5 that R1 his E3 stated that she chand E4 then notified received orders for suringate R1's urinary owhen she returned to his catheter that she in (R1)". E3 stated the short of breath. E3 stated at that time she stated at that time she	PM E3 LPN stated that during on 9/1/15 between 7:30 AM tified Nurses Aide reported to ad blood in his catheter bag. necked R1's catheter bag Z1 of R1's condition and tat PT/INR, CBC and to catheter. E3 stated that o draw R1's blood and irrigate noticed a "complete change nat R1 was confused and stated she irrigated R1's beturned in the tubing. E3 he called Z1 and R1 was hergency Department.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY
					С
	IL6002950	B. WING		09	/16/2015
NAME OF PROVIDER OR SUPPLIER	STREET AC	DDRESS, CITY, S	TATE, ZIP CODE		
FAIR HAVENS CHRISTIAN HO		JTH FAIRVIE\ R, IL 62521	W AVENUE		
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
R1 arrived in the Em 9/1/15 she was sure balloon was inflated that there was more catheter tubing than the catheter was not that R1 was in severe was coming out arou Z3 stated that approxpresent in the cathete stated that R1's penis Z3 stated that Z4 Em Physician instructed from Catheter and insert a Emergency Room Not that R1 was admitted diagnoses of pneumo problem list which inc Z5 (Infectious Disease Progress Note dated Severe Sepsis probable complicated urinary trainfectionPosttraum to (urinary catheter)secondary to sepsis lung." The Discharge Summa documents that R1 die and that the cause of form are discrete in the cause of form are discrete in the cause of form and that the cause of form and the cause of for	PM Z3 Emergency red Nurse stated that when vergency Department on that the urinary catheter in R1's urethra. Z3 stated length on the urinary she would expect and that draining urine. Z3 stated e pain and that frank blood and the catheter insertion site. A similar of the uninary new catheter. A similar of the catheter insertion site. A similar of the uninary insertion site. A site of the catheter insertion site. A site of the uninary of the uninary insertion site. A site of the uninary of the uninary insertion site. A site of the uninary insertion site. A site of the uninary of the uninary insertion site. A site of the uninary	S9999	DETICIENT		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SU AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A RUIL DING. COMPLET	
A. BUILDING.	
IL6002950 B. WING 09/16/2	/2015
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
FAIR HAVENS CHRISTIAN HOME 1790 SOUTH FAIRVIEW AVENUE DECATUR, IL 62521	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R1's urethra after she noted urine return in the tubing before inflating the catheter balloon to ensure the balloon was not in the urethra. E2 also stated that £5 should have deflated the balloon and reassessed the catheter placement when R1 complained of pain and blood was noted in his catheter. The policy related to Urinary Catheter Insertion dated 1/1/12 states "Advance catheter almost to its bifurcation (for male patient)prevents the balloon from becoming trapped in the urethramake sure the catheter is draining properly before inflating balloon, then withdraw catheter slightlyinadvertent inflation of the balloon within the urethra is painful and causes urethral trauma." On 9/16/15, at 11:30 AM, E7, Certified Nurse Assistant (CNA), and E12, CNA, transferred R5 from wheelchair to bed via mechanical lift. E12 donned gloves prior to transferring R5 to the bed. E12 touched R5's clothing, incontinent brief and towel with gloves on. E12, with the same contaminated gloves on, performed catheter care on R5 - E12 held R5's labia open, then got a clean cloth and wiped R5's perineal area and urinary catheter tubing. E12 continued perineal care then placed brief and pants on R5 with the same contaminated gloves. E12 then removed the contaminated gloves. E12 then removed the contaminated gloves and washed E12's hands. On 9/16/15, at 11:55 AM, E12 was pushing R5 to the dining room via R5's wheelchair. R5's indwelling catheter tubing was dragging on the floor underneath R5's wheelchair. E12 stated E12 did not know it was dragging. E12 stated the bars on the wheelchair are crissorossed and the	

PRINTED: 10/09/2015

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IL6002950

STREET ADDRESS, CITY, STATE, ZIP CODE

FORM APPROVED

(X3) DATE SURVEY COMPLETED

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09/16/2015

FAIR HAVENS CHRISTIAN HOME 1790 SOUTH FAIRVIEW AVENUE DECATUR, IL 62521						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE		
S9999	Continued From page 6	S9999				
	the catheter tubing so it was not dragging, On 9/16/15, at 12:00 PM, E12 stated she did not change gloves because it was the spur of the moment and E12 was nervous. E12 stated she should have changed gloves after getting R5 in bed and taking R5's pants down. E12 stated she should have changed E12's gloves before starting catheter care.		٥			
	On 9/16/15, at 12:50 PM, E2, Director of Nurses (DON), stated "personally gloves should be changed every time they wipe." E2 stated noticing E12 kept gloves on for the whole time and that E12 should have washed E12's hands. E2 stated they should have known better than to let the catheter tubing drag on the ground for infection control reasons.					
MACLES 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Management of the Patient with an Indwelling (Self-Retaining) Catheter and Closed Drainage System, date 1/1/2012, states to "wash hands immediately before and after handling any part of the system." (B)					
7	cont of Dublic Houlth					